

PTO/SB/80 (01-06)

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78724

OR



Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

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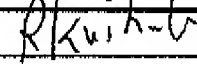
Assignee Name and Address:

mformation Technologies Inc.  
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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

**SIGNATURE of Assignee of Record**

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date
Name	Rakesh Kushwaha	Telephone
Title	Chief Technology Officer	

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